FOCUS AREA A: PREPAREDNESS PLANNING AND READINESS ASSESSMENT

The Massachusetts Department of Public Health (MDPH) has developed a plan for meeting the benchmarks and critical capacities in Focus Areas A, B, C, E and F that will strengthen statewide as well as regional and local public health infrastructure. This plan will allocate at least 60% of the funding and resources directly or indirectly to the regional and local level. The actual funding level may be higher than 60% if planned regional collaborations are successfully implemented through the establishment of regional consortia. In collaboration with local public health agencies, the Department proposes to provide funding and resources necessary to facilitate the establishment of collaborative regional structures which include local health agencies which will be described in greater detail under Critical Capacity #3.2. For preliminary-planning purposes these are referred to as CRLSs (Collaborative Regional and Local Structures).

Within Focus Area A alone, the direct and indirect allocations to improve and enhance regional and local health infrastructure total approximately $2,300,000. This does not include specific Focus Area A training funds that will be available at the local level (particularly related to the NPS) and staff resources that, while not dedicated 100% to local initiatives, will function in substantial part to support integration of state, local, hospital, EMS and MMRS planning and preparedness programs.

I. STRATEGIC DIRECTION, COORDINATION, AND ASSESSMENT

***CRITICAL CAPACITY #1*:** *To establish a process for strategic leadership, direction, coordination, and assessment of activities to ensure state and local readiness, interagency collaboration, and preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.*

1. *Designate a senior public health official within the state health department to serve as executive director of the bioterrorism preparedness and response program.* **(CRITICAL BENCHMARK #1)**

Under the overall direction of Howard Koh, MD, MPH, Commissioner of Public Health, the MDPH has identified three senior-level employees with experience in emergency preparedness and response to serve as directors of the bioterrorism preparedness and response program. Their curricula vitae are attached to this document (Attachments A, B, and C). The Assistant Commissioner for Communicable Disease Control, Alfred DeMaria, MD, has overseen the CDC's bioterrorism program epidemiology and surveillance components over the last three years. The Assistant Commissioner for the State Laboratory Institute, Ralph Timperi, MPH, who has directed the Laboratory Capacity – Biologic Agents component of the state's CDC bioterrorism program is also a member of the CDC-APHL Laboratory Response Network Steering Committee. Assistant Commissioner Nancy Ridley, MS, is the Department's representative for public health emergency management in the Massachusetts Emergency Management Agency headquarters, and serves as the director and Principal Investigator for the HRSA Hospital Preparedness and Planning agreement. Mr. Timperi and Dr. DeMaria are the Co-Principal Investigators for the CDC cooperative agreement.

The duties and responsibilities of the Executive Directors include:

- Development of fully integrated CDC and HRSA Cooperative Agreement applications
- Co-chairs of the Bioterrorism Preparedness and Response Program Committee (see below for description of committee)
- Oversight of CDC Bioterrorism Preparedness and Response Program funding allocations
- Leadership of emergency preparedness and response personnel within the MDPH
- Coordination of all activities related to emergency preparedness and response, particularly bioterrorism efforts, within the MDPH
- Liaison to federal, state, local, private and volunteer organizations in bioterrorism preparedness and response activities.
- Coordination of CDC, HRSA and Metropolitan Medical Response System (MMRS) activities relative to bioterrorism.

Assistant Commissioner Nancy Ridley, MS, is also the executive director of the HRSA program's Hospital Bioterrorism Preparedness Committee, and will coordinate those efforts fully in conjunction with the CDC program.

2. *Establish an advisory committee including representation from (but not limited to) the following groups: (a) state and local health departments and governments; (b) emergency management agencies; (c) emergency medical services; (d) the Office of Rural Health; (e) law enforcement and fire departments, emergency rescue workers, and occupational health workers; (f) other healthcare providers including university, academic, medical, and public health; (g) community health centers; (h) Red Cross and other voluntary organizations; and (i) the hospital community (including Veterans Affairs and military hospitals where applicable).* **(CRITICAL BENCHMARK #2)**

The Department of Public Health has convened a Statewide Bioterrorism Preparedness and Response Program Advisory Committee, consisting of representatives from the following organizations:

- American Red Cross, Massachusetts Bay Chapter
- Association of Professionals in Infection Control and Epidemiology, Inc. (APIC)
- Boston Public Health Commission
- Boston University School of Public Health
- Central Massachusetts EMS Corp. (EMS Region II)
- Department of Environmental Protection
- Department of Fire Services
- Department of Food and Agriculture, Bureau of Animal Health
- Department of Mental Health
- Department of State Police
- Director of Commonwealth Security
- EMS Regional Councils
- Executive Office of Environmental Affairs
- Executive Office of Health and Human Services
- Executive Office of Public Safety
- Fire Chiefs Association of Massachusetts
- Harvard University School of Public Health
- Home Health Care Association of Massachusetts, Inc.
- Massachusetts Ambulance Association
- Massachusetts Association of Health Boards
- Massachusetts Association of Health Plans
- Massachusetts Association of Public Health Nurses
- Massachusetts College of Emergency Physicians
- Massachusetts Chiefs of Police Association
- Massachusetts Emergency Management Agency
- Massachusetts Environmental Health Association
- Massachusetts Funeral Directors Association
- Massachusetts Health Officers Association
- Massachusetts Hospital Association
- Massachusetts Infectious Diseases Society
- Massachusetts League of Community Health Centers
- Massachusetts Legislature, Joint Committee on Health Care
- Massachusetts Medical Society
- Massachusetts Municipal Association
- Massachusetts National Guard
- Massachusetts Nurses Association
- Massachusetts Office of Rural Health
- Massachusetts Pharmacists Association
- Massachusetts Public Health Association
- Massachusetts Society of Health-System Pharmacists
- MMRS lead agencies (Boston, Worcester and Springfield)
- Office of Emergency Medical Services
- Office of the Chief Medical Examiner

- Office of Commonwealth Security
- Professional Firefighters of Massachusetts
- Springfield Department of Health and Human Services
- University of Massachusetts Medical School
- VA New England Healthcare System
- Worcester Department of Public Health and Code Enforcement

The mission of the Advisory Committee is:

To ensure the appropriate and effective investment of federal resources in a state and local public health system infrastructure that can sustain capabilities for public health preparedness and response to bioterrorism, infectious disease emergencies, and other public health threats and emergencies; and to develop and maintain active partnerships with public safety agencies, hospitals, and other entities that are part of the broad coalition needed for timely and effective response to and management of public health emergencies including bioterrorism.

The duties of the Advisory Committee include:

- Counsel and advice to the MDPH in planning and implementing preparedness activities.
- Oversight of the MDPH's initiatives in the development and management of working groups, the scope of their efforts and the representation of membership.
- Review of draft reports from working groups.
- Monitor progress on critical objectives.
- Convene conferences on priority issues among the broad coalition of partners involved in bioterrorism.
- Communication with the Governor's Commonwealth Security Office reporting on progress, identifying gaps and assuring political support for critical capacities.
- Ensure collaboration of partners and coordination of emergency response plans across state and local agencies.

(Please note: the charter of the Advisory Committee is a DRAFT. Committee members have been asked to provide input regarding the group's mission and duties; these suggestions are forthcoming and have not been fully incorporated at this point).

In addition, a Local-State Health Department Coordinating Committee was established, comprising of representatives from local health departments and boards of health. This Committee has met on numerous occasions and has provided the MDPH with valuable input regarding the local health perspective in the planning of this program.

The mission of the Local-State Health Department Coordinating Committee is:

"The Local-State Health Department Coordinating Committee is established to assist the MDPH in providing guidance to the planning and implementation process associated with the CDC cooperative agreement. While the membership of the Committee may change over time there will continue to be a comparable standing Coordinating Committee for at least FY02 and FY03. The Coordinating Committee will assist the MDPH in the grant preparation and review process, and in the development and implementation of the planning, policy setting and resource allocation processes. It will meet on no less than a monthly basis. It will submit periodic correspondence to the CDC, the Governor and other officials on an as-needed basis."

3. *Ensure that high-level policy makers and elected officials at the state and local level are provided regular updates regarding preparedness activities.*

Emergency preparedness staff at the MDPH meets regularly and works closely with the Governor's Office, including the newly appointed Director of Commonwealth Security. The Office of Commonwealth Security was created shortly after September 11, and serves in a coordinating role similar to the national Homeland Security Office. The Commonwealth Security Director is an active participant in the Bioterrorism Preparedness and Response Program Advisory Committee.

Since September 11, the Secretary of Public Safety convenes weekly public safety briefings with senior-level staff from various agencies, including the superintendent of the State Police, the director of security at Logan Airport, the Commonwealth Security Director, the National Guard, and Department of Transportation. The Department of Public Health has regularly participated in these weekly meetings and has provided updates regarding public health-related preparedness activities. The MDPH also participates in regular meetings with MEMA on post-September 11 mental health and substance abuse issues.

The MDPH also participates in the Anti-Terrorism Task Force (ATTF), a multi-jurisdictional task force led by U.S. Attorney Michael Sullivan and the FBI's Special Agent in Charge (FBI SAC) Charles Prouty. The ATTF meets regularly at the directive of the U.S. Attorney General, and focuses primarily on investigative and prosecutorial issues relating to terrorism. MDPH also participates on two of the ATTF's working groups: Communications and Consequence Management.

Additionally, state legislators are regularly kept apprised of preparedness activities because of the MDPH's active role in enacting new legislation modeled after the Model Public Health Law. Moreover, any new staff hired under either the CDC or HRSA cooperative agreements will continue to work closely with senior policy makers and elected officials. Emergency preparedness has been a top priority across all levels of government since September 11, and senior officials are continuing to convene meetings regarding preparedness activities. The MDPH will explore the ability to provide information to state and local policy makers and elected officials through an electronic newsletter and a website for questions and answers.

4. *Establish a coordinated and integrated process for monitoring progress, allocating resources, and developing work plans.*

As part of the original BT Cooperative Agreement, a Bioterrorism Working Group was formed in January 2000. This working group continues to meet on a monthly/bi-monthly schedule and has representation from the laboratories, health alert network, epi and surveillance, and special projects including the Boston Public Health Commission's volume-based surveillance project and the Harvard Vanguard syndromic surveillance project. Key partners such as FBI, HazMat technicians, and HHS/Office of Emergency Preparedness' (OEP) regional coordinator attend meetings as needed.

Since October 2001, the MDPH holds bi-weekly "Emergency Preparedness Meetings" consisting of all staff involved in emergency preparedness and response, including the Commissioner and his senior staff. These meetings enable the Department to monitor progress on activities, particularly bioterrorism preparedness activities, develop timelines for new and ongoing activities, and account for deliverables from pertinent staff. A new full-time staff position (Emergency Preparedness Coordinator) will ensure a coordinated and integrated process for monitoring progress, allocating resources, and developing work plans related to critical capacities.

In order to allocate current funding, the MDPH proposes to centralize public health emergency response planning and preparedness activities. The structure for a comprehensive preparedness work plan was initiated shortly after September 11 and will continue to be the driving force to insure the readiness of the department.

5. *Sponsor jurisdiction-wide conferences and workshops bringing together partners and stakeholders.*

The MDPH will sponsor statewide conferences, training workshops and information sessions for all stakeholders, including local health departments, boards of health, hospitals, first responders, mental health and substance abuse providers, other community health providers, and the public.

During the height of the anthrax scares in October and November 2001, MDPH sponsored a series of five regional meetings across the state for local health officials, hospitals, first responders, and emergency managers. The purpose of the meetings was to provide information concerning anthrax, triage response protocols, and how the MDPH could offer assistance to local officials. These meetings also provided a forum for questions and issues to be raised.

The MDPH intends to use these regional meetings as a model for future conferences and workshops for partners and stakeholders. MDPH will also host meetings to address the general public in an effort to inform Massachusetts residents of preparedness activities. The meetings associated with this considerably overlap with Focus Areas F: Risk Communication and G: Training and Education. In addition, the MDPH's Bureau of Substance Abuse Services, in

conjunction with the Department of Mental Health, is planning a summit on the role of mental health and substance abuse during and after emergencies for the fall of 2002.

6. *Ensure that parts of the public health system not directly involved in bioterrorism preparedness are aware of and, when appropriate, participate in planning and implementation of cooperative agreement activities.*

The MDPH will provide regular updates to staff not directly involved in bioterrorism preparedness through several vehicles MDPH currently utilizes to communicate with staff. For example, emergency preparedness staff is actively involved in senior management meetings. Additionally, the Department of Public Health offers a "Grand Rounds" training forum with varying topics every month. Regular updates will be provided via this method, as well as through the MDPH website.

Members of the public health system outside the MDPH will be made aware of preparedness activities as well. Through several forums, including the Massachusetts Local Health Coordinating Council, which is co-chaired by the MDPH and the Department of Environmental Protection, members of the health community will be provided regular updates regarding preparedness activities. This will also provide a way for MDPH to solicit involvement in planning and implementation activities. As training and education activities are initiated, the MPDH will solicit the participation of all aspects of the public health system in tabletop exercises.

Additionally, the MDPH is developing a website for disaster mental health materials and resources. The first phase, which lists crisis-related mental health and substance abuse resources, is currently being developed with SAMHSA disaster grant funding.

7. *Ensure competency of project leadership through technical, managerial, and leadership training and career development activities*

MDPH emergency preparedness staff will be trained and competent in managerial and technical skills required for the positions. This entails participation in supervisory training, computer skills training, and involvement in senior staff level retreats and meetings. Additionally, preparedness staff will be trained in emergency management, incident command system, and other relevant areas.

CRITICAL CAPACITY #2: *To conduct integrated assessments of public health system capacities related to bioterrorism, other infectious disease outbreaks, and other public health threat and emergencies to aid and improve planning, coordination, and implementation.*

1. *Prepare a timeline for the assessment of emergency preparedness and response capabilities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies with a view to facilitating planning and setting implementation priorities.* **(CRITICAL BENCHMARK #3)**

In collaboration with local public health agencies, the MDPH will facilitate a comprehensive statewide assessment providing information on existing capabilities and capacities, and identifying gaps to the MDPH to utilize in its overall emergency preparedness planning efforts. The assessment will benchmark the state of current capabilities within the Commonwealth's public health system, and compare this capacity to a standard of required capabilities that will be determined. The MDPH will utilize both the State and the Local Emergency Preparedness and Response Inventory (EPRI) – assessment tools developed by the Public Health Practice Program Office of the CDC – to assess progress towards meeting the benchmarks and critical and enhanced capacities described in the cooperative agreement guidance.

Key to the initial assessment process will be the integration of the Department of Justice/CDC Public Health Performance Assessment for Emergency Preparedness. This instrument was developed by the CDC to assist state and local public health systems in determining their ability to respond rapidly and effectively to biological and chemical agents and other acute public health emergencies. The results of the survey for 97 of Massachusetts 351 cities and towns were provided to DPH in March 2002. Because data contained in the survey is 2 years old and preparedness activities in response to the events of September 11 have most likely increased throughout the state, the survey tool will need to be reassessed and potentially altered and re-administered to all 351 local health departments in the Commonwealth.

The following is a proposed timeline for the implementation of the comprehensive emergency preparedness and response capabilities assessment:

ASSESSMENT PROCESS ACTIVITIES	**ESTIMATED TIMEFRAME**
1. MDPH to develop Request for Proposal and solicit proposals for the needs assessments contract via competitive bidding process.	Months 1,2
2. MDPH to form a panel to review proposals, share progress with Bioterrorism Advisory Committee	Months 2,3
3. Award contracts, conduct preliminary meetings with key personnel	Month 4
4. Assess current state of preparedness and response capacity – utilizing current capacity and benchmark goals	Months 5-10
5. Provide recommendations regarding future planning and implementation efforts	Months 11-12
6. Meet regularly with MDPH staff and Bioterrorism Advisory Committee	Quarterly
7. Provide detailed narrative progress reports to MDPH	Quarterly

8. Submit final report and recommendations to MDPH	Month 12

All steps will be carried out in close coordination with the Local-State Health Department Coordinating Committee.

2. Prepare a timeline for the assessment of statutes, regulations, and ordinances within the state and local public health jurisdictions that provide for credentialing, licensure, and delegation of authority for executing emergency public health measures, as well as special provisions for the liability of healthcare personnel in coordination with adjacent states. **(CRITICAL BENCHMARK #4)**

The MDPH has been reviewing the current statutory authority with respect to authorization for healthcare personnel to execute emergency public health measures, and liability protections for these individuals as well as those included in the Model Health Powers Act, and a bill filed in the state legislature based on this Act. In addition, review of these issues will be undertaken with the boards responsible for registration of physicians, nurses and health care providers to ensure that the necessary measures are either currently available under existing law and regulations, or will be enacted or promulgated. Credentialing by hospitals will be reviewed with the Massachusetts Hospital Association.

Existing assessments of the public health system's capacity to determine response status of the state and local public health systems will be incorporated in this review. Adjacent states will be contacted regarding the establishment of reciprocity agreements for the credentialing, licensure and delegation of authority for executing emergency public health measures by healthcare personnel as well as for liability protections for such personnel.

ASSESSMENT PROCESS ACTIVITIES	**ESTIMATED TIMEFRAME**
1. Review current statutory and regulatory authority on credentialing, licensure, and delegation of authority for executing emergency public health measures.	Months 1,2
2. Review current statutory and regulatory authority on liability provisions for healthcare personnel. Request the assistance of the Office of the Attorney General in this review.	Months 1,2
3. Contact appropriate Massachusetts state agencies and boards of registration to determine (for credentialing, licensure, and delegation of authority): a. How these agencies and boards exercise existing authority b. What new statutory or regulatory authority is required c. What new statutory or regulatory authority is necessary with respect to liability	Months 3, 4
4. Contact Massachusetts Hospital Association to determine what issues are involved with credentialing both instate and out of state physicians to practice at hospitals where they are not credentialed during a state of emergency.	Months 3, 4
5. Working in conjunction with Commonwealth agencies and boards of registration, contact adjacent states to determine how to establish reciprocity agreements for credentialing, licensure and liability of healthcare personnel coming to the aid of another state.	Months 5, 6 and 7
6. Determine whether additional statutory authority is necessary to establish these reciprocity agreements.	Month 7
7. Develop recommendations for statutory or regulatory authority necessary to ensure the ability to provide for credentialing, licensure, and delegation of authority for executing emergency public health measures both within Massachusetts and in coordination with adjacent states.	Months 8-9

8. Determine what, if any changes need to be made to statutory requirements or hospital practice concerning credentialing of physicians.	Months 8-9
9. Develop recommendations for statutory or regulatory authority necessary to provide provisions for the liability of healthcare personnel both within Massachusetts and in coordination with other states.	Months 8-9

4. *When conducting the integrated assessments associated with Critical Benchmarks #3 and #4, review results of existing assessments of the public health system's capacity to determine response status of the state and local public health systems.*

The MDPH will be certain to review results of existing assessments in order to avoid duplication and redundancy of efforts.

As mentioned above, an essential tool that will be integrated into these efforts will be the Department of Justice/CDC Public Health Performance Assessment for Emergency Preparedness. Originally designed to assist state and local public health systems to determine their ability to respond rapidly and effectively to biological and chemical agents and other acute public health emergencies, this survey instrument assesses the capacity of local jurisdictions in Massachusetts. The survey was designed to elicit information regarding local communities' level of preparedness to detect and respond to public health emergencies through an extensive set of questions built around the 10 Essential Services for Public Health.

Initial DOJ/CDC survey results demonstrate an immediate need for the development of medical management protocols, public information dissemination (to be addressed in Focus Area F) protocols, and the review and compilation of laws and regulations (including the identification of *local* legal issues). Specific tasks related to the improvement of medical management procedures include 1) assessment of pharmaceutical inventories, 2) development of protocols for requesting pharmaceutical stockpiles, 3) development of a mutual aid agreement to share pharmaceuticals and medical devices, 4) development of medical triage procedures, and 5) involvement of medical examiners/coroners. Since Massachusetts does not have a county public health system, an assessment of the 351 cities and towns will be constructed to look at the state's role in accomplishing the essential functions at the local level.

Additionally, the MDPH is partnering with the Massachusetts Hospital Association in developing a survey of all hospitals in the Commonwealth regarding their current capacities. This "Terrorism Preparedness Survey" is an attempt to obtain initial data on the hospital and health care system's current readiness infrastructure. This valuable assessment data will be incorporated into all future assessment activities. Additionally, the Massachusetts Office of Emergency Medical Services has developed a similar survey for EMS systems statewide. The results from these assessment tools are vital first steps that will help determine the response capabilities of the state and local public health infrastructure.

5. **Activities that may be considered:**

a. *Ensure sufficient state and local public health agency staff to manage a system that will assess system capacity.*

Because the assessment of emergency preparedness and response capabilities will be conducted at both the state and local public health system levels, it will be necessary to ensure sufficient staffing capacities. The MDPH will hire a full-time Emergency Preparedness Coordinator (referenced in Critical Capacities #1.4 and #3.1) to oversee the state system capacity assessment.

b. *Ensure state and local public health agency staff competency by providing equipment, supplies, and training.*

On a regional basis, new local public health staff hired under this cooperative agreement will be provided with adequate equipment, supplies and training. This will provide the local public health system with resources needed based on the results of the assessment process. Funding will be made available for equipment and supply costs,

including computers, laptops, cellular phones, pagers, software, and office supplies. Additionally, staff will participate in appropriate training, including managerial/supervisory, incident command, and weapons of mass destruction (WMD) awareness- and operations-level courses offered from the Massachusetts Emergency Management Agency (MEMA), the Federal Emergency Management Agency (FEMA), the Department of Justice (DOJ), and the CDC and other HHS agencies.

c. *Conduct a* ***comprehensive review of state and local public health systems using the National Public Health Performance Standards (see*** **www.phppo.cdc.gov/nphpsp/).**

The review of state and local public health systems using the National Public Health Performance Standards will be part of the statewide and regional assessment processes addressed in Critical Capacity #3.1 and #3.2 (see below).

d. *Provide* ***results of system assessments to all components of the state and local public health agency and to elected officials responsible for oversight of health agency activities.***

The MDPH will provide results of system assessments to all components of the state and local public health agency and to elected officials responsible for the oversight of health agency activities via written reports, in-person meetings, and telephone conference calls. These functions will also be part of the assessment processes described below in Critical Capacity #3.1 and #3.2. Because of the sensitivity of assessment findings, the MDPH will ensure that any written materials will be excluded from the Freedom of Information Act (similar to the DOJ/CDC assessment survey results). The results of the assessments will help the state and local public health system to define priorities and areas needing immediate attention, and will be provided to all necessary stakeholders in a timely and appropriate manner.

II. PLANNING FOR PREPAREDNESS AND RESPONSE

CRITICAL CAPACITY #3: *To respond to emergencies caused by bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies through the development and exercise of a comprehensive public health emergency preparedness and response plan.*

1. *Prepare a timeline for the development of a state-wide plan for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. This should include the development of emergency mutual aid agreements and/or compacts, and provision for regular exercises that test regional response proficiency.* **(CRITICAL BENCHMARK #5)**

The statewide assessment findings will help lay the framework for determining planning priorities for the MDPH. A comprehensive planning process will consist of identifying particular areas that need to be addressed (needs) and a prioritization of activities to be undertaken. Current emergency preparedness activities initiated by the MDPH have been categorized into the four phases of emergency management: planning, response, recovery, and mitigation. This is consistent with the categorization of emergency response activities at the Massachusetts Emergency Management Agency (MEMA).

The statewide plan will address critical issues such as the development of mutual aid agreements and/or compacts with the Commonwealth's five bordering states and the provision of regular exercises that test regional response proficiency. Additional issues to be addressed in the plan include training, development of specific response plans for specific emergencies, and the updating of the state's ESF-8 (Health and Medical) function of the Massachusetts Comprehensive Emergency Management Plan. The new Emergency Preparedness Coordinator will facilitate these efforts.

The following is a timeline for the development of the statewide plan for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies:

PLANNING PROCESS ACTIVITIES	ESTIMATED TIMEFRAME
1. Maintain current planning and preparedness activities within framework developed by MDPH.	Ongoing
2. Review DOJ/CDC survey assessment results; determine which priority planning areas to address.	Months 1-3
3. Review results of statewide assessment of public health emergency preparedness and response capabilities.	Quarterly
4. Determine priority planning areas based on statewide assessment	Months 5-10
5. Review recommendations regarding future planning and implementation efforts	Months 11-12
9. Meet regularly with MDPH staff, Bioterrorism Advisory Committee, and Local-State Health Department Coordinating Committee regarding the statewide planning process	Quarterly

2. *Prepare a timeline for the development of regional plans to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.* **(CRITICAL BENCHMARK #6)**

The Statewide Bioterrorism Preparedness and Response Program Advisory Committee and the Local-State Health Department Coordinating Committee will work with the MDPH in identifying a regional approach to planning. Massachusetts is relatively unique in that there is no county or statewide regional health system. Instead, 351 individual cities and towns operate their own health departments, all of which have vastly differing capabilities. While no regional model has been decided on at the point of this application submission, an option that may be considered in regionalizing the local health system may be through a planning process similar to that used for the five existing Emergency Medical Services (EMS) and hospital regions. A description of Massachusetts' EMS Regions is provided in the HRSA application.

The local and state public health system assessment findings will help lay the framework for determining regional planning priorities for the Commonwealth of Massachusetts. A comprehensive planning process will consist of identifying particular areas that need to be addressed (requirements) and a prioritization of activities to be undertaken (needs). The MDPH will provide guidance in implementing a regional planning process.

A regional plan that integrates the hospital, outpatient health care, EMS and local public health agencies in an integrated approach to bioterrorism, public health emergency preparedness and mass casualty readiness is essential. A coordinated hospital/EMS/outpatient/local health regional planning process will address critical issues such as the development of mutual aid agreements and/or compacts between local jurisdictions and the provision of regular exercises that test regional response proficiency.

Regional collaborations in the local health arena, like regional planning for EMS and hospitals, is not intended to preempt or limit the authority of local Boards of Health but rather to leverage the improvements that can be made through shared and equitable use of existing, as well as new, resources. These regional planning groups will network with the overall planning and coordination that is occurring between EMS providers and hospitals.

Recommendations have been received from the Local-State Health Department Coordinating Committee. This group has developed a draft statement of purpose, staffing proposals and planning objectives that cover the first 6 months of existence for Collaborative Regional and Local Structures (CRLSs). The following summarizes key components of the proposed plan with respect to Focus Area A:

- Purpose: The purpose of the CRLS regional collaborative bodies will be to:

    1. Provide professional support and technical assistance to local health and emergency response organizations for planning, communication, and collaboration particularly in the areas of epidemiology and public health nursing,
    2. Perform assessment of needs leading to increased capacity, and
    3. Provide resources to local health departments to meet identified gaps in staffing and other resources, or coordinate across multiple communities to ensure that these gaps are met.

- Staffing: each CRLS will explore hiring staff such as bioterrorism specialists, epidemiologists, and/or public health nursing advisors to perform needs assessments relative to staffing patterns, communications, and training; and will develop regional and local response plans and provide input to the state.

- CRLS governance and geographic boundaries: to be established by third month

- Objectives for each CRLS:

    1. Develop and implement communication plans (this will need to be implemented in collaboration with Focus Area E and HRSA Communications objectives).

    2. Establish local health department best practices.

    3. Analyze local emergency plans.

    4. Assess and build local infrastructure.

    5. Coordinate with the various public health and emergency response programs in the region.

The MDPH supports this approach to planning across all communities. A full-time Local Health Preparedness Coordinator has been hired to work with the local health coordinating organizations to ensure full integration of local health department input and to oversee all contracts that are eventually awarded at the local or regional level.

Full implementation of all objectives will take more resources than are available under this cooperative agreement. The MDPH does, however, believe that substantial building of a CRLS structure can be started using this year's funding. The proposal submitted to the MDPH will be shared with the full Statewide Bioterrorism Preparedness and Response Program Advisory Committee for review and comment**.**

MDPH believes the plans for needs assessments, and the planning for preparedness and response, can be integrated and to a large extent carried out using a reasonable number of CRLS planning groups.

The following is a timeline for the development of regional plans for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies:

PLANNING PROCESS ACTIVITIES	**ESTIMATED TIMEFRAME**
1. Define boundaries and governance for regions	Months 1-2
2. Draft and obtain MDPH approval on boundaries, governance and interim objectives	Month 3
3. Submit funding requests to MDPH	Months 4
4. Regional hiring of coordinators for each of the regions.	Months 5
5. MDPH to provide training, planning guidance to all regions in coordination with Bioterrorism Advisory Committee.	Months 4-6
6. Review results of statewide assessment of public health emergency preparedness and response capabilities.	Quarterly
7. Determine priority-planning areas based on state and local public health system assessments.	Months 5-10
8. Review recommendations regarding future planning and implementation efforts	Months 11-12
9. Meet regularly with MDPH staff and Bioterrorism Advisory Committee regarding the statewide planning process	Quarterly

3. *Designate a senior public health professional to serve as the lead coordinator responsible for developing and implementing planning activities associated with this cooperative agreement.*

The MDPH has identified three senior-level employees with experience in emergency preparedness and response to serve as executive directors of the bioterrorism preparedness and response program. The three senior public health

professionals are assistant commissioners in the MDPH, and will oversee the development and implementation of planning activities associated with this cooperative agreement. Their curricula vitae are attached. Additionally, the MDPH may consider hiring a part-time medical advisor and full-time Senior Public Health Nursing Advisor to assist in oversight and coordination activities.

4. *In collaboration with other federal agencies (e.g., Department of Health and Human Services, Health Resources Services Administration and the Office of Emergency Response, Federal Emergency Management Agency), assess readiness of hospitals and emergency medical services to respond to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies, and include them in state/local plan development and exercises.*

In the MDPH's HRSA plan, an extensive needs assessment will be developed to determine the readiness level and prioritized needs of the Commonwealth's hospital and EMS systems. Hospital readiness is also a major component of the Metropolitan Medical Response System (MMRS), an Office of Emergency Preparedness-administered program, which is currently underway in three cities in Massachusetts: Boston, Springfield, and Worcester.

Close coordination of all three programs is integral to the MDPH's emergency preparedness efforts. The hospital readiness efforts to be implemented in the next several years will be integrated statewide to ensure a seamless approach to achieving a maximum level of preparedness. A majority of the HRSA funds are to be contracted directly with hospitals, based on a process to be directed by the needs assessment. The Massachusetts Hospital Association has developed a "Hospital Terrorism Preparedness Survey," and expects responses from all hospitals and health care organizations to provide the state with an assessment of current capacities. The needs assessment to be developed for the HRSA program will be fully integrated with the state and local assessments to be conducted by the CDC program.

5. *Establish and maintain a system for 24/7 notification or activation of the public health emergency response system. (See Appendix 6, I.T. functions #7-9).*

The establishment and maintenance of a system for 24/7 notification or activation of the public health emergency response system will be addressed in further detail in Focus Area B (Epidemiology and Surveillance) and Focus Area E (Health Alert Network/Communications and Information Technology). Both MDPH and MEMA maintain 24/7 notification systems through their respective agencies. MDPH emergency calls after hours go to the switchboard at the State Laboratory Institute in Jamaica Plain, and MEMA maintains a 24/7 communications center in Framingham. Senior MDPH and MEMA officials, including the three lead MDPH officials responsible for the CDC and HRSA bioterrorism preparedness programs, carry nationwide cell phones and pagers at all times. After hours, a team of epidemiologists and physicians rotate coverage on a weekly basis. Calls are triaged by security personnel at a central location and notification then occurs via a paging system.

6. *Exercise plans at least on an annual basis to demonstrate proficiency in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.*

Emergency preparedness plans will be exercised on an annual basis (if not semi-annual) to demonstrate proficiency and effectiveness in response capabilities. Trainings and exercises will also be conducted with local health departments, as described in Focus Area G (Education and Training).

7. **Activities that may be considered:**

   a. *Review emergency plans and procedures that exist at the federal, state, regional, and community level.*

Review of model emergency plans and procedures that exist at the federal, state and local level will be undertaken by the state and regional groups (such as the CRLSs). Every attempt will be made to identify planning documents that have worked well in other jurisdictions to minimize the need to re-invent the wheel.

b. *Identify resources (such as poison control centers, information and communications systems, Metropolitan Medical Response Systems, subject matter experts, and local emergency preparedness committees) that could play a role in a public health response to a terrorist attack.*

The Massachusetts Poison Control Center, as well as the three Massachusetts-based MMRS programs, has been included on the two statewide advisory committees. In addition, the regional Office of Emergency Preparedness has convened regional meetings of all MMRS programs in New England. This will be of great value in National Pharmaceutical Stockpile and response planning, since many Massachusetts communities are closer to the Rhode Island and Connecticut MMRS sites than they are to the Massachusetts MMRS sites.

c. *Work with state and local emergency management agencies, environmental agencies, and others to assess vulnerabilities in terms of human health outcomes related to a variety of biological, chemical, and mass casualty terrorist scenarios.*

The MDPH will hire a full-time staff person to work with state and local emergency management agencies, environmental agencies, and others to assess vulnerabilities in terms of human health outcomes related to a variety of environmental health-related terrorist scenarios. This position, an Environmental Health Coordinator, will report to the MDPH Bureau of Environmental Health Assessment, which has years of experience in working with the Massachusetts Environmental Health Association and the Department of Environmental Protection, among others.

d. *Develop capacity within <u>state health departments</u> and e. within <u>local health departments</u> by:*

1. *Identifying an emergency response coordinator in each local public health agency.*

Identification of emergency response coordinators in each public health agency, to the extent that they exist, will be obtained through the planned survey of local public health agencies using the Emergency Response Preparedness Inventory tool recently released by CDC. Data collected will include 24/7 emergency contact information that will be included in the development of emergency contact resource directories for hospitals and EMS to be developed under both the HRSA and CDC programs.

2. *Developing appropriate, rapid, and reliable communications systems or strategies to effectively function within the state emergency response system.*

The development of integrated and reliable statewide communication strategies is an issue that cuts across the HRSA, CDC and MMRS programs. The need to develop such strategies is also a priority for the regional EMS councils as a result of EMS 2000 statutory language. This is a "First Priority" Planning Area under the HRSA program, and considerable attention will be given to this under the CDC Focus Area E – Health Alert Network. The CRLS proposal also identifies this as one of six objectives for immediate assessment.

3. *Working with hospitals, the medical community, and others to put plans in place to coordinate delivery of critical health services and effective medical management in emergencies.*

The collaboration between hospitals, health care professionals and local public health agencies is an important component of each community-based Local Emergency Planning Committee (LEPC). These activities will be enhanced by the planning and coordination that will occur at the regional level – EMS, hospitals, outpatient centers and local public health agencies.

4. *Participating in existing multi-agency unified command and incident command structure.*

This will occur as a result of active participation with~~in~~ the community LEPCs.

Emergency preparedness plans will be exercised on an annual basis (if not semi-annual) to demonstrate proficiency and effectiveness in response capabilities. Trainings and exercises will also be conducted with local health departments, as described in Focus Area G (Education and Training).

CRITICAL CAPACITY #4: *To ensure that state, local, and regional preparedness for and response to bioterrorism, other infectious outbreaks, and other public health threats and emergencies are effectively coordinated with federal response assets.*

1. *Develop an interim plan to receive and manage items from the National Pharmaceutical Stockpile, including mass distribution of antibiotics, vaccines, and medical materiel. Within this interim plan, identify personnel to be trained for these functions.* **(CRITICAL BENCHMARK #7)**

Interim Plan for Management of NPS Assets

Oversight: MDPH, working in conjunction with the Statewide Bioterrorism Preparedness and Response Program Advisory Committee, will oversee receipt and management of the CDC's National Pharmaceutical Stockpile in Massachusetts. MDPH will seek CDC's technical assistance in overseeing receipt and management of NPS assets in Massachusetts.

Request for NPS Assets: The Massachusetts Emergency Management Agency (MEMA) is the Governor's designee for requesting federal assets and assistance. In the event of a suspected biological or chemical terrorism or other incident, the Commissioner of Public Health or his/her designee will work with CDC, the Governor's office, MEMA and regional and local officials, including Metropolitan Medical Response Systems (MMRSs) where applicable, to assess the need to request NPS Program assistance and to activate plans for the management of said assets. MEMA and MDPH will follow the CDC algorithm[1] for requesting and receiving NPS assets. Once the Commissioner determines, based on the needs assessment, that NPS assets should be requested, he/she will ask MEMA to make a formal request to CDC. The needs assessment and management plan will accompany the request to CDC.

Receipt of NPS Assets: The Commissioner or his/her designee will be the state's authorized receiving authority for NPS assets and is so authorized to sign the NPS Program Medical Materiel Transfer Form. A similar form is being developed to enable creation of a chain of custody for intrastate transfer of NPS assets. This documentation will enable accountability for NPS assets as well as post-event recovery of salvageable assets for return to CDC.

Current state emergency response plans have built in redundancies for designated authorities and for communications with said authorities. Names and positions of said designees will be provided to CDC. MEMA, in conjunction with MDPH, will administer contact databases and notify CDC of changes.

The Commissioner and certain of his/her designees are duly registered with the Drug Enforcement Administration (DEA) and the state to possess controlled substances and are therefore authorized to take custody of such substances. State requirements for security and accountability of controlled substances meet or exceed DEA requirements. MDPH's Drug Control Program, which is responsible for enforcing state laws governing the security and accountability of controlled substances, will work in conjunction with the DEA, State Police and Board of Registration in Pharmacy to enforce security and accountability for controlled substances in the NPS.

The Massachusetts Port Authority (Massport) will provide the primary transportation and cargo infrastructure to receive and temporarily store NPS assets delivered by air or land for transfer to Massachusetts' custody. Currently, the primary airport for receipt of NPS assets is Logan International in Boston, MA, a Massport facility. Two other commercial airports have been identified for receipt of NPS assets: Bradley International in Windsor Locks, CT and Green in Warwick, RI. Massachusetts will establish reciprocal interstate agreements for use of the two out-of-state airports for receipt of NPS assets as well as for the use of Logan International by other New England states. The Port of Boston, also part of Massport, is the primary cargo handling facility to be used for receipt and temporary storage of NPS assets. In addition, the number of potential receiving sites and staging areas in and around Massachusetts for delivery of NPS assets to New England will be expanded, in cooperation with neighboring states, as part of the state's bioterrorism response preparedness planning (see Critical Capacity #5).

In an incident, MDPH's emergency response team of registered pharmacists, established in November 2001, working with the Board of Pharmacy, will ensure that NPS assets are stored in appropriate environmental conditions. MDPH's Drug Control Program, working with the State Police, DEA, Board and National Guard, will ensure that the

[1] National Pharmaceutical Program. Planning Guide for Receiving, Organizing, Repackaging, and Distributing the CDC National Pharmaceutical Stockpile. Centers for Disease Control, Atlanta, GA. Draft #8, April 2001.

appropriate security and accountability of NPS assets is in place. In addition to storage facilities at Logan and the Port of Boston, a number of additional interim storage sites will be identified throughout the state as part of the preparedness planning process.

Current Capacity to Assist with the Distribution of NPS Assets: DPH/Massachusetts Immunization Program (MIP) currently distributes close to four million doses of vaccines to more than 3,000 medical provider sites. All of the vaccines require refrigeration (2^0C to 8^0C). The vaccines are distributed from the central depot at DPH/State Laboratory Institute (SLI) through a network of five DPH regional offices and approximately 145 local vaccine distributors, mostly local city and town Board of Health. Under Massachusetts Department of Public Health regulations governing the distribution of biological products (105CMR 790.000), any city or town with a population of more than 10,000 people are required to act as a distributor of biologicals. All of the refrigeration units in the network are secured and have 24-hour temperature monitors with alarms. Medical providers obtain vaccine directly from these local vaccine distributors. The current system has the capacity to handle an additional 3.6 million vaccine doses at one time without any enhancements.

Distribution of NPS Assets: The Commissioner or his/her designee will oversee distribution of NPS assets. MDPH, working with MEMA, will determine regional and local needs for NPS assets in accordance with CDC guidelines[1]. Based on this needs assessment, MDPH will identify which regional and local entities (e.g., hospitals, emergency medical services, other sites) will receive assets, how assets will be subdivided among locations and entities and which regional and/or local staging areas will be used for distribution.

For treatment of symptomatic populations, MDPH will transfer custody of certain of the NPS assets to affected hospitals, clinics, emergency medical services, other licensed sites and/or MMRSs, where applicable. A chain of custody will be established for tracking assets for the purposes of accountability and recovery of salvageable assets. For post-exposure prophylaxis of asymptomatic populations, MDPH will retain custody of NPS assets for dispensing to patients. MDPH will determine dosing regimens based on the statewide needs assessment and in accordance with CDC guidance.[1]

The National Guard will provide resources for transporting NPS assets from Logan or the Port of Boston to regional and/or local staging areas. Expanding transportation resources and identifying additional storage locations and staging areas are goals of MDPH's preparedness planning.

For pharmaceutical assets transferred to licensed healthcare facilities, said facilities will be responsible for proper dispensing and, where necessary, repackaging. In all other cases, MDPH's emergency response team of registered pharmacists, working in conjunction with the Board of Pharmacy, will be responsible for oversight of dispensing of pharmaceuticals under standing orders of the Commissioner or his/her designee. Should repackaging of pharmaceuticals be necessary, MDPH's emergency response team of pharmacists will oversee such repackaging. Pharmacy technicians will provide support for repackaging and dispensing. Public health nurses will be mobilized to provide additional support for dispensing, including administration, of pharmaceuticals directly to patients. Dispensing will be conducted both at PEP dispensing sites identified by the affected localities and by delivery to those patients unable to report to dispensing sites (e.g., residents of long term care facilities).

Recovery of NPS Assets: MDPH will track all NPS assets by establishing chains of custody and utilizing database-tracking systems. In this manner, MDPH will account to CDC for all NPS assets as well as identify salvageable assets for transfer back to CDC after an incident. Responsibility for the receipt, storage, handling, packing, shipping, and accountability of vaccines in Massachusetts lies with the MIP Vaccine Management Unit. MIP staff performs annual vaccine storage and handling, distribution and accountability assessments at each regional and local distributor site. Regional educational workshops, with CEU and CME credits, for all medical provider sites staff are conducted annually.

Training: The Commissioner, senior managers and other MDPH staff with responsibilities for emergency preparedness have been provided with a copy of the Interim NPS Asset Management Plan. These emergency response personnel will also be provided with an orientation to the NPS Program, in general, and the Interim Plan, in particular. More in depth training on and exercising of NPS asset management plans and implementing procedures will be provided for emergency response staff and teams, within and outside of MDPH, as part of the state's emergency response planning for management of NPS assets (see Critical Capacity #5).

2. *Ensure that all preparedness and response planning is coordinated within the existing emergency management infrastructure that is facilitated and supported by the Federal Response Plan, Metropolitan Medical Response System, disaster medical assistance teams, mortuary assistance teams, and hospital preparedness planning.*

To ensure that preparedness and response planning is coordinated within the existing emergency management infrastructure that is facilitated and supported by the Federal Response Plan, MMRS, DMATs, DMORTs, and the HRSA hospital program, a full-time Public Health Liaison position will be funded at the Massachusetts Emergency Management Agency (MEMA). MEMA operates the state's Emergency Operations Center (EOC), where 16 emergency support functions are activated during times of emergency. A public health coordinator at MEMA will ensure integration of all statewide emergency planning.

Additionally, the MDPH will fund an EMS/First Responder Preparedness Coordinator (up to 1 FTE) to coordinate public health and public safety efforts, including outreach and training with the first responder community. This staff person will work with fire, police, EMS, emergency management and other response agencies in addressing biological agent and hazardous materials protocols, and will assist the MDPH in supporting the state's emergency management infrastructure (the Massachusetts Emergency Management Agency) when ESF-8 is activated.

3. *Participate in regional exercises conducted by federal agencies*.

Emergency preparedness staff at both the state and local levels will participate in federally-sponsored exercises, particularly those initiated by HHS, FEMA, and DOJ. For example, in the spring of 1999, the DOJ sponsored the national Top Officials exercise (TOPOFF) in Denver, CO, Portsmouth, NH, and Washington, DC. MDPH employees participated in the chemical full-scale exercise in Portsmouth and were able to benefit from the lessons learned in that experience. TOPOFF II is to take place in the spring of 2003 in Seattle and Chicago. Additionally, staff will participate in any future CDC-sponsored exercises related to the receipt and distribution of the National Pharmaceutical Stockpile.

III. NATIONAL PHARMACEUTICAL STOCKPILE PREPAREDNESS

CRITICAL CAPACITY #5: To effectively manage the CDC National Pharmaceutical Stockpile (NPS), should it be deployed – translating NPS plans into firm preparations, periodic testing of NPS preparedness, and periodic training for entities and individuals that are part of NPS preparedness.

1. *Develop an infrastructure component with the state-level terrorism preparedness organization that is dedicated to effective management and use of the NPS statewide. This component should focus on providing appropriate support to local and regional governments expected to respond should the NPS deploy there. It may also be the source of support for personnel engaged part-time, via contract or subvention of salary, to carry out responsibilities described in Part B. above.*

MDPH will utilize CDC cooperative agreement funding to develop and implement a statewide NPS preparedness infrastructure. The statewide NPS infrastructure will be fully integrated with the statewide bioterrorism preparedness and response program, and with the HRSA Hospital Preparedness Program. Moreover, it will include regional components that will support local planning efforts. The NPS infrastructure will be implemented by the hiring of a Statewide NPS Coordinator and two Regional NPS Coordinators, one for eastern and one for western Massachusetts. The Statewide Coordinator will be a pharmacist with health or public health professional experience in the clinical management and use of pharmaceuticals and controlled substances. The Regional Coordinators will report to the Statewide Coordinator, but may be physically located in the regional MMRS programs to facilitate coordination at the state and local level. The Statewide Coordinator will also work with the Hospital Bioterrorism Preparedness Program (HRSA cooperative agreement) to ensure that hospital planning for NPS asset deployment is fully integrated with the statewide NPS asset management plan.

As part of the comprehensive statewide assessment of emergency preparedness and response capabilities, the Statewide NPS Coordinator will oversee the conduct of a statewide capacity and needs assessment for NPS asset management. The Coordinator will work closely with the MIP and regional and local representatives to evaluate the capacity of the current vaccine distribution system to include storage of medical products that meet the specifications for environmental acceptability (i.e., moisture-free with a temperature range within 58°F and 86°F) and to identify system vulnerabilities. These assessments should include the specifications of additional secured storage units that may be required at distribution sites, capacity of the current accountability program to be expanded to accommodate the additional products to be distributed, and the identification of appropriate staff training to ensure the proper handling of the new materials. The Statewide NPS Coordinator will arrange for orientation, training and exercising of Regional NPS Coordinators. Based on the assessments, the Coordinator will enhance the Interim Statewide NPS Asset Management Plan by expanding capacity and developing implementing procedures. All Regional Coordinators will be trained to assume the duties and responsibilities of the Statewide NPS Coordinator to ensure redundant capacity in oversight and management of NPS assets in the event of an emergency.

Working with the Information Technology Specialist to be hired under the HRSA cooperative agreement, the Statewide NPS Coordinator will oversee development of an information technology infrastructure to track NPS assets as well as emergency response teams and support systems. Tracking databases will be designed to facilitate (i) rapid analysis of emergency needs assessments and generation of specific deployment and distribution plans for NPS assets; (ii) accountability for NPS assets as well as post-event recovery of salvageable assets for return to CDC; (iii) tracking of facilities, entities and transport systems to be used for receipt and distribution of NPS assets; (iv) maintenance of contact information on emergency response personnel and volunteers; and (v) tracking of support facilities and services for emergency response teams.

Implementing procedures will be exercised and evaluated to determine effectiveness in receiving and managing assets. Based on the evaluation, the NPS asset management plan and implementing procedures will be revised and enhanced. The process of evaluation and consequent improvement is expected to be an ongoing one.

PREPAREDNESS ACTIVITIES	**ESTIMATED TIMEFRAME**
MDPH to hire a statewide NPS Coordinator	Months 1-3
Oversee conduct of a statewide capacity and needs assessment (including	Months 4-5

evaluation of current DPH vaccine distribution system) for NPS asset management planning	
Develop statewide NPS asset management plan and implementing procedures	Months 6-10
Oversee development of information technology infrastructure for NPS asset and human resource tracking	Months 6-10
Conduct orientation, training and exercising of regional personnel	Months 11-14
Evaluate statewide preparedness to receive and manage NPS assets	Months 13-14
Review, revise and enhance NPS asset management plan and implementing procedures based on evaluation	Months 15-18
Meet regularly with regional NPS Coordinators	Monthly
Meet regularly with MDPH staff and Bioterrorism Advisory Committee to coordinate with statewide bioterrorism preparedness and response program, including hospital planning (HRSA cooperative agreement)	Quarterly

2. *Provide fiscal support to help local and regional governments develop a similar infrastructure component dedicated to effective management and use of the NPS.*

The key to the NPS infrastructure will be the two Regional NPS Coordinators. The Regional Coordinators will work with MMRS programs and local officials to assess the capacities and needs of cities and towns in each region for NPS asset management. These assessments will be combined to evaluate capacity and needs from a regional perspective. Regional assessments will in turn be part of the statewide evaluation effort. Based on the assessments, the Regional Coordinators will develop regional NPS asset management plans and implementing procedures.

The Regional NPS Coordinators will participate in orientation, training and exercises overseen by the Statewide NPS Coordinator. Regional Coordinators will be trained to assume the duties and responsibilities of the Statewide NPS Coordinator to ensure redundant capacity in oversight and management of NPS assets in the event of an emergency. The Coordinators will make available orientation and training for local emergency response personnel and provide opportunities for such regional and local personnel to exercise implementing procedures.

The Regional NPS Coordinators will assist in the development of the information technology infrastructure for NPS asset management to ensure that it meets regional and local needs. The Coordinators will offer technical assistance to localities that wish to adapt the tracking database infrastructure for use at the local level.

Statewide and regional implementing procedures will be exercised and evaluated at the regional and local levels to determine effectiveness in receiving and managing assets. Based on the evaluation, the statewide and regional NPS asset management plans and implementing procedures will be revised and enhanced.

PREPAREDNESS ACTIVITIES	**ESTIMATED TIMEFRAME**
MDPH to hire regional NPS Coordinators	Months 3-5
Conduct regional and local capacity and needs assessment (including evaluation of regional and local distribution sites within the current DPH vaccine distribution system) for NPS asset management planning	Months 5-6
Develop regional NPS asset management plans and implementing procedures; assist in development of local plans	Months 6-10
Develop regional information technology infrastructure for NPS asset and human resource tracking and make available to localities	Months 6-10
Conduct orientation, training and exercising of regional and local emergency response personnel	Months 11-14
Evaluate regional and local preparedness to receive and manage NPS assets	Months 13-14
Review and recommend revisions and enhancements to NPS asset management plans and implementing procedures based on evaluation	Months 15-18
Meet regularly with statewide NPS Coordinator	Monthly

3. *Prepare a state description, with integrated local and regional area components, for the management and use of the NPS, by addressing the considerations cited in Draft #9 of the Guide for Planning the Receipt and Distribution of the CDC National Pharmaceutical Stockpile, February 2002.*

The Interim Statewide NPS Asset Management Plan (see Critical Capacity #4) will be expanded and enhanced, including the development of implementing procedures, to ensure regional and local capacity for NPS asset management. To that end, the preparedness activities outlined below will form the core of this effort. Initial activities will be conducted to expand and enhance all five areas of the Interim Plan, namely oversight, request, receipt, distribution and recovery of NPS assets. Later activities will bring into play additional areas involving evaluation and improvement of the Plan.

PREPAREDNESS ACTIVITIES	**ESTIMATED TIMEFRAME**
Oversight: orient Bioterrorism Advisory Committee, including regional, local and hospital representatives, to Interim Statewide NPS Asset Management Plan and development of full plan and implementing procedures	Months 1-2
Request for NPS Assets: develop instrument for conducting local and regional emergency needs assessments; develop criteria for state request of NPS assets from CDC; develop systems to facilitate local, regional and hospital requests to DPH for transfer of NPS assets	Months 3-6
Receipt of NPS Assets: expand current capacity to receive, store and distribute NPS assets; establish interstate reciprocal agreements for the utilization of airports, cargo and other facilities; establish interagency and mutual aid agreements for sharing of resources	Months 3-8
Distribution of NPS Assets: assess current distribution infrastructure and either expand or establish formal mechanisms for transfer of NPS assets to regional and local entities, including hospitals; expand current vaccine accountability system and/or develop information technology infrastructure for tracking of and managing NPS assets, human resources, and support facilities and services; expand transportation capacity, including negotiation of contracts with transport and security corporations; expand, train and exercise emergency response teams; expand communication systems	Months 6-10
Recovery of NPS Assets: expand current vaccine accountability system and/or develop system for accounting for and identifying and recovering salvageable assets for return to CDC	Months 11-12
Plan Evaluation: Exercise and evaluate implementing procedures; evaluate NPS asset management plans	Months 13-15
Plan Improvement: Institute further improvements and enhancements to plans and implementing procedures based on exercises and evaluation	Months 16-18
Meet regularly with emergency response partners (i.e., localities, sister agencies, hospitals and other states)	Quarterly
Meet regularly with Bioterrorism Advisory Committee to coordinate with statewide bioterrorism preparedness and response program	Quarterly

4. *In collaboration with local and regional NPS planning components, follow development of a NPS plan with preparations that result in documented commitments by all of the individuals, agencies, organizations, and corporations identified in the plan.*

As indicated in the responses to numbers 1, 2 and 3, above, NPS asset management planning will be fully coordinated at state, regional and local levels as well as integrated with the Hospital Bioterrorism Preparedness Program (HRSA cooperative agreement). As indicated in number 3, reciprocity agreements, mutual aid agreements and contracts with agencies, local and regional entities, corporations and other states will be established as part of the statewide, regional and local NPS asset management plans.

5. *In collaboration with local and regional NPS planning components, follow NPS planning and preparations with development and implementation of a regimen of basic orientation, training (and refresher training),*

and periodic readiness exercises for those individuals or entities identified in the NPS plan as having roles in any phase of NPS management and use.

As noted in the responses to numbers 1, 2 and 3, above, orientation, training (including refresher training) and exercising of implementing procedures will be conducted. Cities and towns will be provided with opportunities to participate in these activities and technical assistance will be provided to support local activities.

6. *Develop a plan for distribution of antibiotics, chemical/nerve agent antidotes, and symptomatic treatment packages to various local and/or regional areas of the jurisdiction, and describe the proposed storage sites for antibiotics, chemical/nerve agent antidotes, and symptomatic treatments (not pre-distributed to individuals) that meet specifications for environmental acceptability (i.e., moisture-free with a temperature range controlled to remain within 58°F and 86°F).*

As indicated in the responses to numbers 1, 2 and 3, above, the issue of proper storage, transport and distribution of NPS assets will be addressed as part of the statewide and regional NPS asset management plans. It is anticipated that, as part of establishing systems for local requests for transfer of NPS assets (see number 3, above), MDPH will require that localities and entities (including hospitals) that wish to potentially receive NPS assets have in place local plans and infrastructure for proper storage and handling of said assets. Hospital plans for managing NPS assets will be covered by the HRSA cooperative agreement and will have similar requirements.